PTO/SB/17 (10-08)

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|--|--------------------------------------|-------------------------------|------------------|---------------------------|-----------------|--|-------------|--------------------------|
| Eff | Complete if Known | | | | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009 X Applicant claims small entity status. See 37 CFR 1.27 | | | | Filing Date O | | 10/695,667-Conf. #4456 October 27, 2003 Paul J. Maddon | | |
| | | | | | | | | |
| | | | | 4040 | | | | |
| | | | | | | | | 741 0411 |
| TOTAL AMOUNT OF PAYMENT (\$) 65.00 | | | | Attorney Docket | No. I | P0741.70006US00 | | |
| METHOD OF PAYM | IENT (check all | that apply) | | | | | | |
| Check X Cred | lit Card | Money Order | Nor | ne Other (j | please identify | y): | | |
| Deposit Account | Deposit Account Nur | nber: 23/2 | 2825 | Deposit A | Account Name | Wolf, Green | field & Sa | cks, P.C. |
| For the above-i | dentified deposi | t account, the Di | rector is | hereby authorize | d to: (chec | k all that apply) | | |
| Charge fe | e(s) indicated b | elow | | Charge | e fee(s) ind | icated below, ex | cept for ti | ne filing fee |
| X Charge ar | ny additional fee fer 37 CFR 1.16 | e(s) or underpayn and 1.17 | nents o | f x Credit | any overpa | ayments | | |
| FEE CALCULATION | · | | | | | | | ** |
| 1. BASIC FILING, SEA | RCH, AND EXA | MINATION FEE | S | | | | | |
| | FILING FEES Small Entity | | | SEARCH FEES Small Entity | | EXAMINATION FEES Small Entity | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$ | | Fee (\$) | Fee (\$) | Fees F | Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEE | ES | | | | | | Fee (\$) | Small Entity Fee (\$) |
| Fee Description Fach claim over 20 (inc | dudina Reiccue | 6) | | | | | 52 | 26 |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) | | | | | | | 220 | 110 |
| Multiple dependent cla | - | | | | | | 390 | 195 |
| Total Claims | • • | | Fee Paid (\$) | | <u>M</u> | ultiple Depende | ent Claims | |
| - or HP = | | x = | | | Fe | <u>e (\$)</u> <u>F</u> | ee Paid (\$ | 3) |
| HP = highest number of total | al claims paid for, if | greater than 20. | | | | <u></u> | | _ |
| Indep. Claims | Extra Claims | Fee (\$) | F | ee Paid (\$) | | | | |
| - or HP = HP = highest number of ind | | ~ | 1 3. | | | | | |
| 3. APPLICATION SIZE | FEE | . • | | | | | | |
| If the specification and | d drawings exce | ed 100 sheets of | f paper | (excluding electron | onically fil | ed sequence or | computer | _ |
| listings under 37 C | | | | | or small er | itity) for each ac | lditional 5 | 0 |
| sheets or fraction the Total Sheets | Extra Sheets | | | dditional 50 or frac | tion thereo | f <u>Fee (\$)</u> | Fee | Paid (\$) |
| | | | | (round up to a who | | | = | |
| 4. OTHER FEE(S) | | | | , ((04.1.4 ap 10 a 11.1.4 | | | Fees | Paid (\$) |
| Non-English Specif | ication, \$130 f | ee (no small ent | ity disc | ount) | | | | |
| Other (e.g., late filin | ng surcharge): _2 | 2251 Extension | for re | sponse within fi | rst month | | 6 | 5.00 |
| SUBMITTED BY | | | | | | | | |
| Signature | Registration No. (Attorney/Agent) | 52,318 | Telephone | elephone 617.646.8000 | | | | |
| 100 | e A. Vatland, F | Ph.D. | - V) | | | Date | July 29 | 2010 |
| () | | | | | - | | | |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 29, 2010

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